



## AB1424 Supplement

### Privacy Notice

The information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. Each individual has the right to review personal information maintained by this agency, unless access is exempted by law.

**The Division of the State Architect**  
**1102 Q Street, Suite 5100**  
**Sacramento, CA 95811**  
**Attn: Program Manager**  
**Telephone Number: (916) 445-8100**

General powers of the Division of the State Architect (DSA), Section 14750 of the Government Code authorizes the maintenance of this information. Business and Professions Code Section 31, Chapter 1361, Section 1, requires each licensee applicant to initially provide to the DSA his or her social security number which will be furnished to the Franchise Tax Board and/or the State Board of Equalization. Your social security number shall not be deemed a public record and shall not be open to the public for inspection. The Franchise Tax Board and the State Board of Equalization will use your social security number and/or federal taxpayer identification number to establish identification exclusively for tax purposes.

The law and regulations governing the DSA require applicants to provide the DSA with specific information. It is mandatory to furnish all information requested on this form. If all or any part of the required information is not provided, processing may be delayed. In addition, the DSA may suspend or revoke a license and/or certification, or in the case of a license and/or certification applicant, may deny the issuance for misstatements of facts (including a failure to disclose a material fact) in an application for a license and/or certification.

The information requested on this form is used by DSA for the purpose(s) of identification and document processing, license and/or certification status inquiries, and actions taken to deny, revoke, restrict or suspend license and/or certifications. Fields 1 – 8 and 11 below are required and must be completed.

1. **Business Name:** \_\_\_\_\_

2. **Address:** \_\_\_\_\_

3. **City:** \_\_\_\_\_ 4. **State:** \_\_\_\_\_ 5. **Zip Code:** \_\_\_\_\_

6. **Contact Phone Number:** \_\_\_\_\_

7. **Social Security Number and/or Federal Tax ID:** \_\_\_\_\_

8. **Type of Certification** (please choose one):

DSA Gas Shut-off Valve Certification Program

DSA Laboratory Evaluation and Acceptance (LEA) Program

9. **DSA Program/Certificate ID Number:** \_\_\_\_\_ [if applicable]

10. **Name/Title:** \_\_\_\_\_  
Last Name First Name MI Title

I hereby certify under penalty of perjury that I am the person indicated above and that I have read and understood this form along with the instructions and that all information provided is true. I understand that any false statement will be cause for voiding any subsequent certification or approval.

11. **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

FOR DSA OFFICE USE ONLY	
Received By:	Received Date:



---

**FORM DSA-650 B – MANDATED BY CHAPTER 455, STATUTES OF 2011**  
**INSTRUCTIONS**

---

You may print out the form and manually fill in all the information. Please use blue or black ink as forms may be photocopied for the Division of the State Architect (DSA) use. You may also fill out the form on line and then print it out for signing. Use this form DSA-650B when applying for Approval, Certification or Recertification per Chapter 455, Statutes of 2011 (AB 1424, Perea). This form is to verify information and shall be used to deny an application for certification or suspend a certification if a licensee or applicant has outstanding tax obligations due to the Franchise Tax Board (FTB) or the State Board of Equalization (BOE) and appears on either the FTB or BOE's certified lists of top 500 tax delinquencies over \$100,000.

**Notes:**

- Failure to complete this form could result in the revoking or suspension of certification and denial of approval.
- DSA must have current contact information for all certificate holders; failure to notify DSA of any changes to contact information could result in the revoking or suspension of certification.

---

**Line 1: Business Name:**

Provide the name of the business applying for Approval, Certification or Recertification. For the Laboratory Evaluation and Acceptance Program, a single entity operating multiple laboratories must file DSA-650B for each laboratory seeking DSA acceptance or re-approval.

---

**Line 2: Current Mailing Address of Business:**

Provide current mailing address of the business applying for Approval, Certification or Recertification.

---

**Line 3: City:**

Provide the city of the business applying for Approval, Certification or Recertification.

---

**Line 4: State:**

Provide the state of the business applying for Approval, Certification or Recertification.

---

---

**Line 5: Zip Code:**

Provide the zip code of the business applying for Approval, Certification or Recertification.

---

**Line 6: Contact Phone Number:**

Provide the contact phone number of the business applying for Approval, Certification or Recertification.

---

**Line 7: Social Security and/or Federal Tax ID Number:**

Provide the social security and/or federal tax identification number of the applicant applying for Approval, Certification or Recertification.

---

**Line 8: Type of Certification (Choose one):**

Indicate the type of certification for which the business is applying for Approval, Certification or Recertification.

---

**Line 9: DSA Program/Certificate ID Number:**

Provide the program or certificate number for the business applying for Approval, Certification or Recertification. This field is only applicable to current certificate holders or renewals.

---

**Line 10: Name and Title of person completing the form:**

Provide the name and title of the person filling out the form for the business applying for Approval, Certification or Recertification.

---

**Line 11: Applicant's statement of responsibility and applicant's signature:**

The person filling out the form on behalf of a business must sign and date the form DSA-650B here. Signature certifies, under penalty of perjury, that the person knows the information on the form is correct. Signature further certifies the person understands form DSA-650B and its instructions.

**Please submit form DSA-650B to:**

The Division of the State Architect  
1102 Q Street, Suite 5100  
Sacramento, CA 95811  
Attn: (specify certification) Program Manager